

WITHDRAW COURSE OR PROGRAM

Please email completed form to: Student.Advisors@keyano.ca

LAST NAME (LEGAL) *		FIRST NAME (LEGAL) *		STUDENT ID # *	
ADDRESS *			CITY *	PROVINCE *	POSTAL CODE *
PHONE # *	PROGRAM *		SPONSORING AGENCY (if applicable)		

Dropping to part time status can affect eligibility for housing, athletics, loans, and sponsorships. Please check if any of these apply to you:

☐ Keyano Housing ☐ Student Athlete ☐ Student loan or Sponsorship

Please ensure that you have reviewed the [Academic Schedule](#) and you are aware of such deadlines as the last day to add/drop classes, the last day to withdraw from a course or a program with a 50% refund of tuition only, the last day to withdraw, and other important dates.

☐ I want to remain a student but withdraw from the following course(s):

YEAR	TERM	COURSE CODE	SECTION	COURSE NAME

☐ I want to withdraw from my program or the college:

☐ Leave Program and withdraw entirely from Keyano College

☐ Withdraw from the following semester(s):

And return in the following semester:

☐ Fall

☐ Winter

☐ Spring

☐ Summer

☐ Fall

☐ Winter

☐ Spring

☐ Summer

PLEASE NOTE: If you are not registered in any classes for a full calendar year, you will be required to re-apply for your program.

REASON FOR DROP/WITHDRAWAL

- | | | | |
|---|--|---------------------------------------|---|
| ☐ Academic difficulty | ☐ Employment | ☐ Medical | ☐ Relocation |
| ☐ Course delivery format | ☐ Financial | ☐ Study permit | ☐ Time conflict |
| ☐ Course expectation | ☐ Lack of interest | ☐ Personal | ☐ Other (please explain) |
| ☐ Course load/overload | ☐ Late registration | | |

Authorization: I authorize Keyano College to withdraw me from the above course(s) or program and I accept full responsibility for any tuition charges based on the accuracy of the information presented. I understand the refund policy and that a grade of "W" may appear on my transcript. I am responsible for understanding how my withdrawal from classes will affect my financial aid, athletic, and housing status. In addition, any balance owing to the College as a result of this drop or withdrawal must be paid in full prior to enrolling in a future semester.

1 STUDENT SIGNATURE (not required if submitting this form and supporting documentation from your keyanomail account)	DATE
2 APPROVED BY (PROGRAM CHAIR)	DATE
3 ADVISOR CONSULTATION/ATHLETIC DIRECTOR	DATE

Office of the Registrar Use Only

CHANGE IN STUDENT STATUS		NOTIFICATION	
☐ No change	☐ Full-time to Part-time	☐ Housing	☐ Funding ☐ SSWC
RECEIVED BY	DATE	PROCESSED BY	DATE

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.